



CLAIM FORM

YOU MUST COMPLETE ALL PARTS OF THIS FORM FOR THE ASSETS YOU ARE CLAIMING.

Note: There is no legal form or format required for filing a claim; this document is provided for your convenience. Please visit <https://www.forfeiture.gov/FilingClaim.htm> for more specific guidance on filing your claim with the appropriate seizing agency.

Frivolous Claim Statement: If a court finds that a claimant's assertion of an interest in property was frivolous, the court may impose a civil fine. Title 18 United States Code, Subsection 983(h). A false statement or claim may subject a person to criminal prosecution under Title 18 United States Code, Sections 1001 and 1621.

Privacy Act Notice: The Department of Justice is collecting this information for the purpose of processing your claim. Providing this information is voluntary; however, the information is necessary to process your application. Information collected is covered by Privacy Act System of Records Notice Department of Justice (DOJ), DOJ-002-DOJ Computer Systems Activity & Access Records, Federal Register (71 FR 29170). This information may be disclosed to contractors when necessary to accomplish an agency function, to law enforcement when there is a violation or potential violation of law, or in accordance with other published routine uses. For a complete list of routine uses, see the system of records notice listed above.

SECTION I – CONTACT INFORMATION

CLAIMANT INFORMATION	
Claimant/Contact Name: (Last, First) Bacon, Robert	
Business/Institution Name: (if applicable)	Prisoner ID: (if applicable)
Address: (Include Street, City, State, and Zip Code) 405 South Missouri Street Green Ridge, MO 65332	
Social Security Number/Tax Identification Number: (Enter N/A if you do not have one) 500-48-7262	
Phone: (optional)	Email: (optional)
ATTORNEY INFORMATION (if applicable)	
Attorney Name: (Last, First) Hamblin, Scott	
Attorney Title: Attorney	
Firm Name: (if applicable) Brydon Swearengen & England P.C.	
Attorney Address: (Include Street, City, State, and Zip Code) 312 E. Capitol Avenue Jefferson City, MO 65102	
Are you an attorney filing this claim on behalf of your client? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Attorney Phone: (optional) (573) 635-7166	Attorney Email: (optional) scotthamblin@brydonlaw.com

If any of this information changes, you are responsible for notifying the agency of the new information.

SECTION II – ASSET LIST

List each asset ID and asset description that you are claiming.

SECTION III – INTEREST IN PROPERTY

Identify your interest in each of the assets you are claiming. If you are filing for multiple assets and the responses are not the same for each asset, please print out multiple copies of this page to submit with the claim. If you have documentation that supports your interest in the claimed assets (e.g., bill of sale, retail installment agreements, contracts, titles or mortgages), please include copies of the documents with the submission of the claim.

In the space below, please explain why you have a valid, good faith, and legally recognizable interest in this asset:

Robert Bacon is the owner of the firearms. He either purchased the ammunition and firearms or they were a gift to him.

In the space below, please list any documents you are including in support of your interest in the asset(s). If none are included, please explain why.

SECTION IV – RECOVERY OF LOSS

Complete this section for assets you have recovered all or a portion of your losses either via an insurance claim and/or via some other source of recovery. If you have more recovery of loss information than may fit on this page, print out multiple copies of this page to attach with the claim and indicate which assets apply to each page. If you have not received any recovery of your losses, then leave this section blank.

RECOVERY OF LOSS INFORMATION	
Asset ID	Asset Description

INSURANCE CLAIM INFORMATION (if applicable)	
Name of Insured: (Last, First)	
Policy Number:	Claim Number:
Name of Insurance Company:	Name of Insurance Agent: (Last, First)
Insurance Company Address: (Include Street, City, State, and Zip Code)	
Phone: (optional)	Email: (optional)
Have you received compensation from the insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO	Amount of Compensation:

If other sources of recovery exist (e.g., restitution, returns on investment or other settlements), please list and describe the details below.

OTHER SOURCE(S) OF RECOVERY (if applicable)	
Source of Recovery 1:	Amount of Recovery: \$
Source of Recovery 2:	Amount of Recovery: \$

In the space below, please list any documents you are including in support of your claim of recovery of loss. If none are included, please explain why.

SECTION V – DECLARATION AND REPRESENTATION

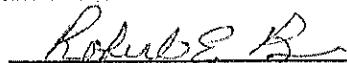
The following declaration should be completed by the claimant. If the claimant is represented by an attorney, the attorney may complete the declaration as long as the claimant completes the sworn notice of representation.

I attest and declare under penalty of perjury that my claim is not frivolous and the information provided in support of my claim is true and correct to the best of my knowledge and belief.



Scott Hambri
Attorney for Claimant

6-22-18



Signature

ROBERT E. BACON

Printed Name

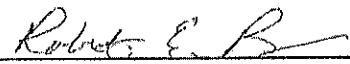
6-21-2018

Date

Sworn Notice of Representation

This section must be completed only by claimants who are represented by an attorney and whose attorney has executed the declaration provided above.

I have retained the above-named attorney to represent me in this matter. I have reviewed the foregoing claim and found that its contents are accurate to the best of my information and belief. I declare under penalty of perjury that the foregoing information is true and correct.



Signature

ROBERT E. BACON

Printed Name

Date

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